

Solid and Hazardous Waste Branch, 919 Ala Moana Blvd., Room 212, Honolulu, Hawaii 96814

## TYPE OF PERMIT APPLICATION (Check all that apply)

☐ Installation and operation (\$150)☐ Modification (\$100 except for temporary & permanent closure)

## STATE USE ONLY

Facility ID Number \_\_\_\_\_

Permit # \_\_\_\_\_

Date Received \_\_\_\_\_

Permit Fee \_\_\_\_\_

Date Entered into Computer \_\_\_\_\_

Date Paid \_\_\_\_\_

Receipt # \_\_\_\_\_

Comments:

Please type or print in ink all items except "signature" in sections XIV and XV. For tanks not requiring a permit submit Notification for Underground Storage Tanks (Form # I).

## I. LOCATION OF TANK(S)

Facility Name or Company Site identifiers, as applicable Contact Person at Location \_\_\_\_\_

Location Address (P.O. Box not acceptable) \_\_\_\_\_

Location Phone # (w/ area code) \_\_\_\_\_

Fax # (w/ area code) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Island \_\_\_\_\_

Tax Map Key # \_\_\_\_\_

## II. CONTACT PERSON IN CHARGE OF TANK(S)

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Phone # (with area code) \_\_\_\_\_

Fax # (with area code) \_\_\_\_\_

III. OWNER OF TANK(S) (If same as Section I, check here ☐ )

Owner Name (Corporation, Individual, Public Agency, or Other Entity) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone # (w/ area code) \_\_\_\_\_

Fax # (w/ area code) \_\_\_\_\_

IV. OPERATOR OF TANK(S) (If same as Section I, check here ☐ )

Operator Name (Corporation, Individual, Public Agency, or Other Entity) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone # (w/ area code) \_\_\_\_\_

Fax # (w/ area code) \_\_\_\_\_

## V. CONTRACTOR

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # (w/ area code) \_\_\_\_\_

Fax # (w/ area code) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

## VI. TYPE OF OWNER

☐ Federal Government--Military☐ Federal Government--Non-Military☐ State Government☐ Local Government☐ Marketer☐ Non-Marketer

## VII. TYPE OF FACILITY (Select the appropriate facility description)

☐ Airline ☐ Auto Dealership ☐ Baseyard ☐ Car Rental ☐ Cleaner/Laundromat ☐ Communication Sites☐ Contractor ☐ Farm ☐ Fire Station ☐ Gas Station ☐ Golf Course ☐ Hospital ☐ Petroleum Distributor☐ Police Station ☐ Residential ☐ Resort/Hotel ☐ School ☐ Service Centers/Auto Repair/Maintenance☐ Trucking/Transporter ☐ Utilities ☐ Wastewater Treatment Plants ☐ Wholesaler/Retailer☐ Other (Explain) \_\_\_\_\_

## VIII. FINANCIAL RESPONSIBILITY (Check all that apply)

☐ Self Insurance ☐ Commercial Insurance ☐ Risk Retention Group ☐ Guarantee ☐ Surety Bond ☐ Letter of Credit ☐☐ Trust Fund ☐ Exempt: State or Federal Agency ☐ Other Method Allowed (Specify) \_\_\_\_\_

## IX. DESCRIPTION OF TANK(S) (Complete for each at this location)

Tank Number	Tank No. __	Tank No. __	Tank No. __	Tank No. __	Tank No. __
1. Status of Tank (Mark only one)					
A. Currently in Use					
B. Temporarily Out of Use (Also complete Section X)					
C. Permanently Out of Use (Also complete Section X)					
D. Installed prior to _____ but not yet brought into use					
E. To be installed					
2. Proposed Date of Activity (Installation, Modification, Closure, etc.) (mo./day/year)					
3. Estimated Total Capacity (gallons)					
4. Substance Stored					
A. Gasoline					
B. Diesel					
C. Gasohol					
D. Kerosene					
E. Used Oil					
F. JP-4					
G. Non-Petroleum Hazardous Substance (CERCLA name and/or CAS #)					
H. Mixture of Substances, Please specify					
I. Other, Please specify					
5. Substance Compatible with Tank and Piping (Y/N)					
6. Tank (Mark all that apply)					
A. Primary Containment Material					
i. Fiberglass reinforced plastic (FRP)					
ii. Steel					
iii. Other, Please specify					
B. Secondary Containment Material					
i. Double walled					
a. FRP					
b. Steel					
c. Other, Please specify					
ii. Other secondary containment					
a. FRP					
b. Other, Please specify					
C. Corrosion Protection (except FRP tanks)					
i. Fiberglass coated steel					

ii.	Double walled steel									
iii.	Impressed current system									
iv.	Sacrificial anode system									
v.	Corrosion expert determination									
vi.	Other, Please specify									
7. Piping (Mark all that apply)										
A. Primary Containment Material										
i.	Rigid fiberglass									
ii.	Flex piping									
iii.	Other									
B. Type of Secondary Containment										
i.	Lined trench									
ii.	Rigid double walled piping									
iii.	Flex double walled piping									
iv.	Other									
C. Corrosion Protection (except FRP piping)										
i.	Fiberglass coated steel									
ii.	Impressed current system									
iii.	Sacrificial anode system									
iv.	Corrosion expert determination									
v.	Other, Please specify									
8. Method of Product Dispensing										
A.	Suction									
B.	Safe Suction									
C.	Pressure									
D.	Not Applicable									
9. Spill and Overfill Prevention										
A.	Overfill device installed									
i.	Automatic shutoff device									
ii.	Overfill alarm									
iii.	Ball float valve									
B.	Spill device installed									
10. Release Detection (Mark all that apply)			TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
A. Manual tank gauging				NA		NA		NA		NA
B. Tank tightness testing				NA		NA		NA		NA
C. Inventory control				NA		NA		NA		NA
D. Automatic tank gauging				NA		NA		NA		NA
E. Vapor monitoring										
F. Groundwater monitoring										
G. Interstitial monitoring										

H. Statistical inventory reconciliation									
I. Automatic line leak detectors	NA		NA		NA		NA		NA
J. Line tightness testing	NA		NA		NA		NA		NA
K. Other method approved by the department. Please specify									
11. Tank or Pipe Repaired (Y/N)									
A. Date									
B. Description of repair									

#### X. TANK(S) OUT OF USE OR CHANGE IN SERVICE

Tank Number	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____
1. Closing of Tank					
A. Estimated date last used (mo./day/year)					
B. Estimated date tank closed (mo./day/year)					
C. Tank was removed from ground					
D. Tank was closed in ground					
E. Tank filled with inert material Describe					
F. Change in service					
2. Site Assessment Completed (Y/N)					
3. Evidence of a Leak Detected (Y/N)					

#### XI. FACILITY DRAWING

Include a drawing showing the general layout of the facility. This drawing should be no larger than 11 by 17 inches and preferably to scale.

This drawing should show the following:

- A. The property boundaries of the facility;
- B. Identification of streets, roads and nearby bodies of water;
- C. Identification of nearby facilities;
- D. Tax Map Key (TMK) Numbers;
- E. Location of buildings at the facility;
- F. The approximate dimensions of the property boundaries and major buildings;
- G. Location of all USTs (identified by number consistent with the tank numbers in Sections IX - X), dispenser pumps, and associated pipings; and
- H. Indication of North/South direction.

#### XII. LOCATION MAP

Include a map showing the location of the facility with respect to nearby landmarks. The map should indicate roads and landmarks to a level of detail such that the site would be easily located.

#### XIII. NEW OR UPGRADED TANKS

Tank Number	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____
1. Tank					
A. Manufacturer/Model					
B. Underwriter Laboratory (UL) #					
C. Leak Detection Permanently Installed Equipment Manufacturer/Model					

2. Piping					
A. Primary containment					
i. Manufacturer/Model					
ii. Diameter in inches					
iii. UL #					
B. Secondary containment					
i. Manufacturer/Model					
ii. Diameter in inches					
iii. UL #					
C. Leak Detection Permanently Installed Equipment Manufacturer/Model					
D. Dispenser drip pan. Make/Model					
3. Tank Pump. Manufacturer/Model					
4. Risers					
A. Spill containment bucket					
i. Manufacturer/Model					
ii. Capacity in gallons					
B. Overfill device					
i. Mechanical. Make/model					
ii. Electronic. Make/model					

#### XIV. OPERATOR'S CERTIFICATION (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name of operator or operator's authorized representative (Print or Type) \_\_\_\_\_ Official Title \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Status of Signatory (Mark as appropriate)--

1. Corporation: ☐ principal executive officer  
☐ duly authorized representative
2. Partnership: ☐ general partner
3. Sole proprietorship: ☐ proprietor
4. Government entity: ☐ principal executive officer  
☐ ranking elected official  
☐ duly authorized employee

#### XV. OWNER'S CERTIFICATION (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name of owner or owner's authorized representative (Print or Type) \_\_\_\_\_ Official Title \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Status of Signatory (Mark as appropriate)--

1. Corporation: ☐ principal executive officer  
☐ duly authorized representative
2. Partnership: ☐ general partner
3. Sole proprietorship: ☐ proprietor
4. Government entity: ☐ principal executive officer  
☐ ranking elected official  
☐ duly authorized employee